

Utah's Division of Child and Family Services

Salt Lake Region Report

Qualitative Case Review Findings

**Reviews Conducted
September 22-25, 2008
November 17-20, 2008**

A Report by

The Office of Services Review, Department of Human Services

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I. Introduction

The Salt Lake Valley Region Qualitative Case Reviews for FY 2009 were held the weeks of September 22-25, 2008 and November 17-20, 2008. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Reviewers included several out-of-state individuals such as four administrators from Los Angeles County's mental health and child welfare programs, an attorney from the National Center for Youth Law, a professor from Columbia Law School, and two physicians from the Children's Hospital in Philadelphia. In-state review partners included individuals from Primary Children's Hospital, Salt Lake County administration, school districts, Utah Youth Village, and the Colors of Success Program. Several state and local agencies also participated as reviewers including representatives from the Division of Youth Services, the Bureau of Internal Review and Audit, Juvenile Justice Services, Office of the Public Guardian, Bureau of Contract Management, Quality Improvement Committee, Utah Foster Care Foundation, and the Assistant Attorney General's office.

The May 2007 Agreement to Terminate the David C. lawsuit included a requirement for a comprehensive evaluation which, in part, focused on whether the Division has been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. The agreement required that the Child Welfare Policy and Practice Group (CWPPG) observe the September 2008 portion of the Salt Lake region review. CWPPG members were partnered with experienced Utah reviewers, and CWPPG's role was that of an observer only. The Utah reviewers were solely responsible for reviewing the file, interviewing, scoring, case story writing, and reporting findings. CWPPG evaluated whether the Division and the Office of Services Review were able to sustain the QCR in a manner that will help ensure that the system will sustain positive outcomes for children and families in the absence of ongoing Federal court oversight and monitoring by the Plaintiffs and the Court Monitor.

There were 72 cases randomly selected for the two Salt Lake region reviews, 36 cases for each review. Of the 72 cases, four cases were not scored and one case was dropped from the sample. One case was not scored because the reviewers were unable to interview the child who had been sent out of state to reside with kin. Another case was not scored due to the parents and child being in detention in Colorado during the review. In another case, the kinship placement who had guardianship of the child moved out of state shortly before the QCR week. The family was interviewed by telephone but no face-to-face interview was possible. The fourth case was only scored on the safety indicator due to the child being on the run at the time of the review. One case was dropped from the sample as a result of the parents being unwilling to sign the consent form and there was not time to replace the case in the sample.

A regional Exit Conference was held on November 24, 2008. Participants included DCFS staff and administration from the Salt Lake Region, State DCFS administration, OSR staff and some of the QCR reviewers. Preliminary scores were reviewed with the region. Strengths and practice improvement opportunities were also presented. The conference provided an opportunity to celebrate the success of the review and discuss ways to continually improve practice.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact on the case. The first list below is a summarized list of strengths presented to DCFS in the exit conference. The next list is strengths identified by OSR in subsequent analysis of the QCR reviewers' input. The lists below are not exhaustive lists of all the strengths mentioned during the review process.

Strengths presented to the Region during the exit conference:

Engaging

In cases where engaging was a strength:

- There was no dissatisfaction from any community partners.
- The families felt the workers were very helpful.
- The youth was included in the planning.
- The workers empowered the youth to make decisions and supported him.
- The workers had a strong relationship with the family.
- The workers were always available to the family, the child and the community partners.
- The TAL workers had a long term relationship with the youth.
- Young workers were not intimidated by experienced providers.
- The workers gained the families' trust and developed an excellent rapport.
- The engagement of the family was very powerful. There had been one consistent worker with a family for over a year.
- There was a good relationship between the worker and the child and the family. The worker was very supportive.

Teaming

In cases where teaming was a strength:

- The workers and teachers were the same throughout the case.
- Monthly team meetings were held.
- All of the key people attended the team meetings.
- An interpreter was invited to team meetings.
- The united recommendation of the team was presented to the judge.
- Division of Services for People with Disabilities and the therapist were participating in teaming.
- Everyone was involved in the case. They met monthly and whenever issues emerged.

- Administration was available to help the caseworker resolve a situation. Everyone came together with ideas. Many meetings were held. The worker was able to keep everyone calm throughout the crisis.
- Monthly team meetings were held. Everyone knew what was going on. Even if team members did not agree, they were aware of what was happening.
- There was a good team, although it was small because it was a PSS case.
- The team continued tracking, monitoring, assessing and adapting throughout the case.
- The worker held timely team meetings and kept all team members included and involved, including the GAL. The worker also had more frequent meetings during transitions.
- The worker had a great way of setting up team meetings and coordinating with a big team.
- The caseworker let Mom drive the case to success without overreacting.

Assessment

In cases where assessment was a strength:

- The team was used to assess possible placements prior to placing the child.
- The Child and Family Assessment was well written, clear and concise and included a good summary.

Planning

In cases where planning was a strength:

- The plan was individualized to the family.
- The family's input was sought in developing the plan.
- The biological family was involved in placement choices in spite of challenging circumstances, such as the father being incarcerated.
- The Division had gone to great lengths to accommodate the family's religion, cultural preferences, and family values.
- There was good use of the concurrent plan.
- There was excellent attention to the high number of medical issues, ensuring prompt care for the child.
- The initial services required were overwhelming the mother. The team listened to the mother's frustrations and decreased the load. The Drug Court counselor and the caseworker agreed to eliminate the intensive outpatient program and concentrate on just the Drug Court program.

Supports and Resources

In cases where supports and resources were strengths:

- There were great foster parents.
- There were many services available, such as a variety of drug and alcohol treatment centers.

Stability

- The children were placed immediately into a foster home after only a few hours at the Christmas Box House. This was a legal risk placement and a good match for the children.
- The caseworker did a great job getting a shelter home to become the foster home.

Permanency

- Permanency was quickly achieved for a child within the biological family.
- The entire team was committed to establishing permanency for the child.
- The Division quickly identified a disconnected father as a resource for placement, then re-established a relationship with the child.
- The child was placed with an adopted sibling and progressed quickly to an open adoption.
- There were visits with the extended family even though the birth parents were incarcerated, which was very beneficial for the children.
- The worker met with the family, who had been delaying the adoption process, and finalized the decision and ended the delays.

Additional strengths identified by OSR:

Workers understand teaming better, and so do the community partners. Teaming is a tool, not a burden.

Workers are really invested in their cases. They are doing more than the minimum and looking for strengths and not doing the punitive things that used to be seen in practice. They ask families what they can do to help them. They work Fridays if needed, and they are doing that voluntarily.

The teaming and assessment were good, even on very difficult cases. Workers and teams are trying several things to find things that work.

Caseloads are lower than in other regions.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Salt Lake Region were supported by a total of nine interviews. There were seven focus groups: DCFS caseworkers, DCFS Supervisors, Region Administration Team, Quality Improvement Committee, Guardians ad Litem, Assistant Attorneys General, and Kinship Foster Parents. There were also two individual interviews; one with the Salt Lake Regional Director of DCFS and the other with a Juvenile Court Judge.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted:

Four Day Work Week

Many of the caseworkers are still working five days a week. This was noted by many of the different groups interviewed, including the legal and community partners. Court dockets are scheduled months in advance. There are court hearings already scheduled for Fridays and they will continue to be scheduled on Fridays. The court calendar is full and there is no other way to meet the legal obligation and time lines within the law. The attorneys are still working five days a week. One attorney noted that the four day schedule has taken away 20% of the time he can talk to workers.

Another legal concern of the ten-hour days deals with CPS court hearings. There are on-call workers available on Fridays; however, the removing worker needs to be in court to sign the document. An on-call worker cannot testify for a case they don't know about and have not been involved in. In one case the court gave a five-day notice. There was not a permanency worker available. No one was on-call Thursday evening and the court met on Monday.

There are limited time frames to get things done. On Fridays there is no one available to prepare petitions. The on-call people cover emergencies; however non-emergency cases still have time lines that must be met. There was an example of a removal that happened on a Thursday afternoon and the parent's attorney got an expedited hearing for Monday morning. This created a problem for the attorneys since they could not communicate with an ongoing worker. Meeting legal time frames is an issue.

Child and Family Team Meetings are still held on Fridays when it meets the needs of the family. In one case, the worker indicated that the father worked out of town four days a week and was in town Friday through Sunday. Visits with the children and Child and Family Team Meetings are still being done on Fridays.

Some of the community partners noted that while the State of Utah offices are open as early as 7 am and stay open until 6 pm, their businesses are open from 9 am to 5 pm. Community partners work five days a week and State offices are only open four.

Professionalism

Many stakeholders were complimentary of the professionalism of the workers. The workers put clients first and come in on Fridays if necessary. The workers are competent and work hard. There were several examples of workers having good engaging skills and being able to turn a case around because of their communication abilities.

Many people commented that the workers were motivated by the work they did. They work for little pay and it was acknowledged that caseworkers spend a lot of money out of pocket to help with things like birthdays, taking the children to McDonalds, etc. The workers are committed to the children and families that they serve.

The workers are good at helping each other out. When there is a need, the workers reach out to assist in the case process. This is true not only with individuals, but there have been offices that have shared positions and loaned workers to other offices to help when they were short on personnel. Communication between the offices has improved.

Some of the workers asked if the pamphlets they give out for CPS could be updated. They indicated that right now they are making black and white copies, and colored copies would be more professional.

Diversity of Clients

There are many languages spoken within the Salt Lake Region. Because of the difficulty of finding interpreters, court cases are being delayed and rescheduled. In one case the court provided the wrong type of interpreter. An adjudication hearing had an interpreter who did not speak the dialect, since Somalia is a group with many different dialects. The mother wanted the case reheard. There is a growing need for African languages. In one case the court could not order evaluations because of language issues. If services are ordered, it is difficult to pay for a translator to be at peer parenting sessions, parenting classes, therapy sessions, school meetings, etc. Some of the dialects are so different the workers are not sure the correct information is being translated to the parents. This is a concern not only because of the language barriers, but also because of cultural barriers.

There are words used in legal situations that are difficult to translate. Different cultures have different understandings about what a court is and the power of the legal system. There have been cases where the only person translating is the child. There are parents who have been in the country for many years but have not learned English. This is a problem not only because of interpretation issues, but a child will answer what the parent tells them to say, or the child might not understand what is being asked of the parents.

It was suggested that there be a website where a worker can go at any time and identify someone to translate, or a place to read and understand cultural issues better. This could be linked to the State website and have information, speakers, trainings and resources. The State of Utah needs to work with different diverse organizations to help understand what is needed for some of these families. Some of these groups could also help educate the family about the United States culture.

[Note: In an effort to provide additional resources to State employees working with clients with diverse languages and cultures, the Department of Human Services recently created the Diverse Utah Website. The website address is <http://diversity.hs.utah.gov/culture/>. There employees find interpreter services, community resources, cultural documentaries and caseworker tips on working with diverse ethnic groups. Trainings are being provided to ensure Department employees are aware of this resource and know how to use it.]

Communication

Communication is much better within the Salt Lake Region. Many people noted that the “Director’s Chat” is a great program where workers can meet with administration to ask any questions they want to. This is informal and held at different locations throughout the region each month. There is an open forum where anything can be discussed.

The workers feel there is more communication about opportunities to move within DCFS and change jobs, locations, etc. The lateral transfer program has worked out well. Workers are made aware of openings. They can ask questions and be interviewed without having to go through Human Resources. Lateral changes help workers learn new skills.

Community partners feel like there is a good exchange of information and resources. They say there is an open atmosphere and people are not defensive when things are questioned. The programs in the community and the Immersion Days have helped people understand the processes of DCFS.

Kin providers would like more communication up front. They would like to have more “say” in the first Family Team Meetings and a clear knowledge of what is needed to become a licensed foster parent. They would like the phone numbers of the licenser, not just the caseworker.

In some cases there needs to be better communication between the workers and the attorneys. Several GAL’s indicated that they heard what was happening from the family before they heard from the caseworker. Another example was a CPS referral in a foster home. The GAL was upset no one had told her what was happening.

Training

Practice Model Training has improved. Supervisors get DHS Supervisor training that is helpful, but they are looking for additional supervisor training specific to DCFS. The Salt Lake Regional Director meets with new supervisors and does some training with them. Supervisors are mentored. They are also working on secondary trauma training.

Ad hoc trainings are helpful. The State office has sent people to help train when a concern or an issue has come up. Lead workers help with ongoing training. Supervisors identify issues and schedule training when needed on an ongoing basis.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:












- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

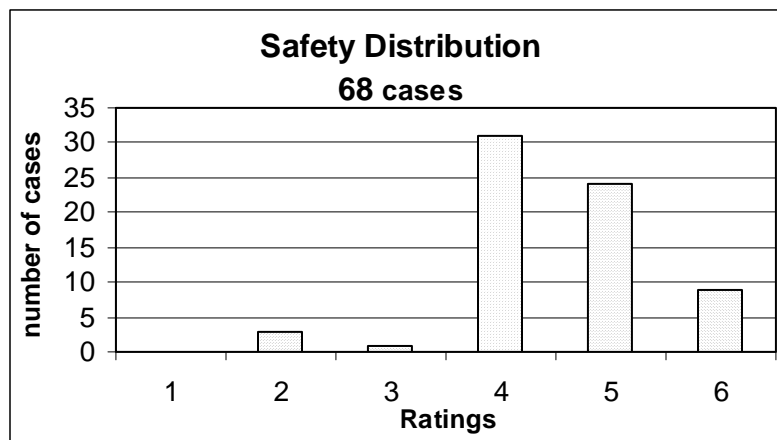
Salt Lake Region Child Status

				FY05	FY06	FY07	FY08	FY09
	# of cases (+)	# of cases (-)	Exit Criteria 85% on overall score					Scores
Safety	64	4		89%	94%	97%	91%	94%
Stability	49	18		56%	61%	67%	59%	73%
Appropriateness of Placement	64	3		96%	94%	97%	94%	96%
Prospect for Permanence	51	16		52%	59%	70%	54%	76%
Health/Physical Well-being	67	0		93%	100%	99%	100%	100%
Emotional/Behavioral Well-being	57	10		86%	83%	90%	81%	85%
Learning Progress	55	12		90%	85%	91%	80%	82%
Caregiver Functioning	42	0		98%	98%	98%	100%	100%
Family Resourcefulness	30	10		58%	55%	69%	71%	75%
Satisfaction	66	1		80%	89%	93%	94%	99%
Overall Score	62	6		88%	92%	96%	89%	91%
			0% 20% 40% 60% 80% 100%					

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

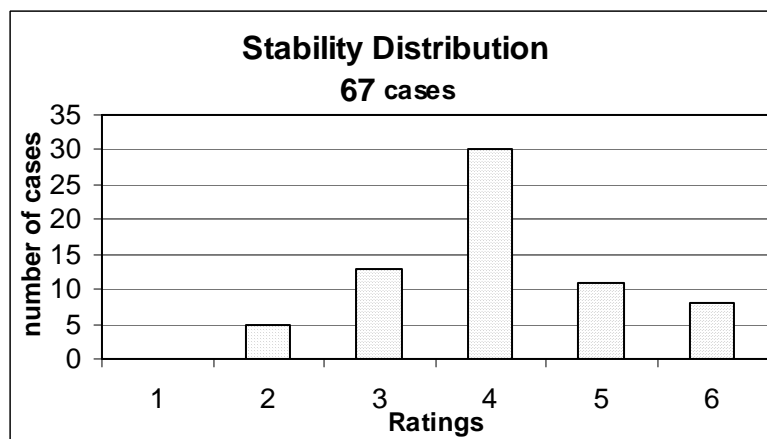
Findings: 94% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 91%. There were six cases that received an unacceptable score on safety.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

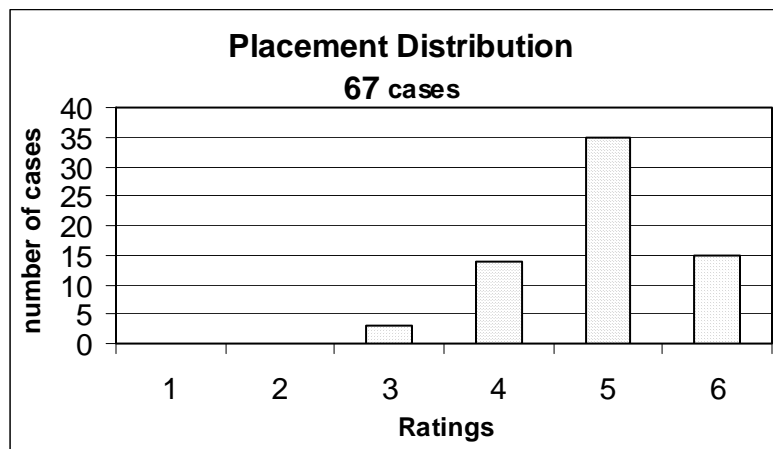
Findings: 73% of cases reviewed were in the acceptable range (4-6). This is a significant increase from 59% last year.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

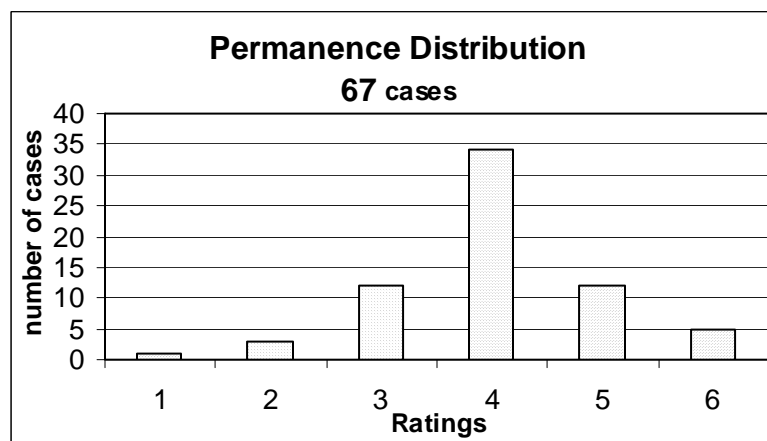
Findings: 96% of cases reviewed were in the acceptable range (4-6). This is an increase from 94% last year. The Region continues to maintain high ratings on this indicator.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

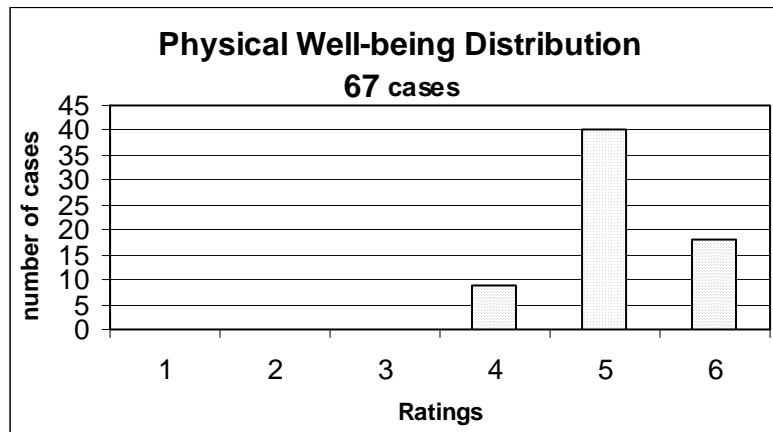
Findings: 76% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 54%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

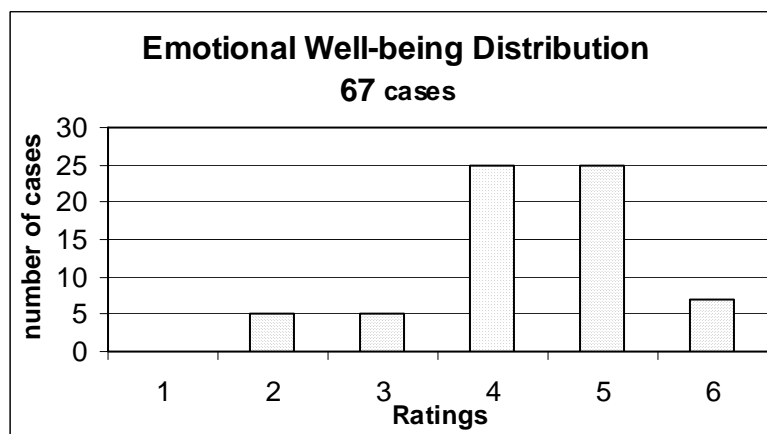
Findings: 100% of cases reviewed were within the acceptable range (4-6). The Region maintained this excellent rating from last year's 100%.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 85% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 81%.

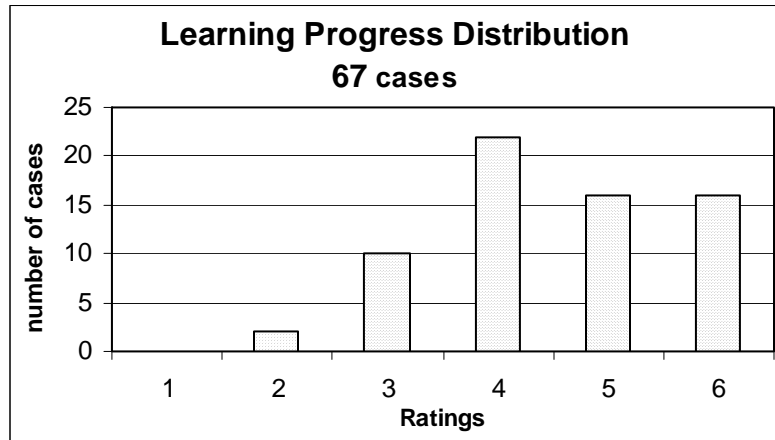


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

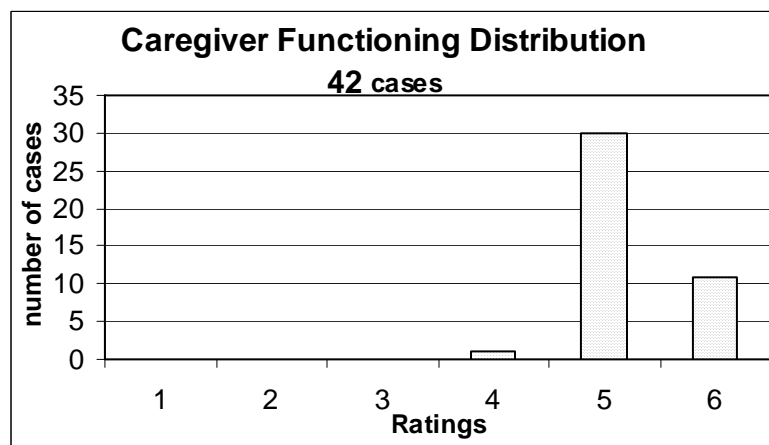
Findings: 82% of cases reviewed were within the acceptable range (4-6). This was an increase from last year's score of 80%.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

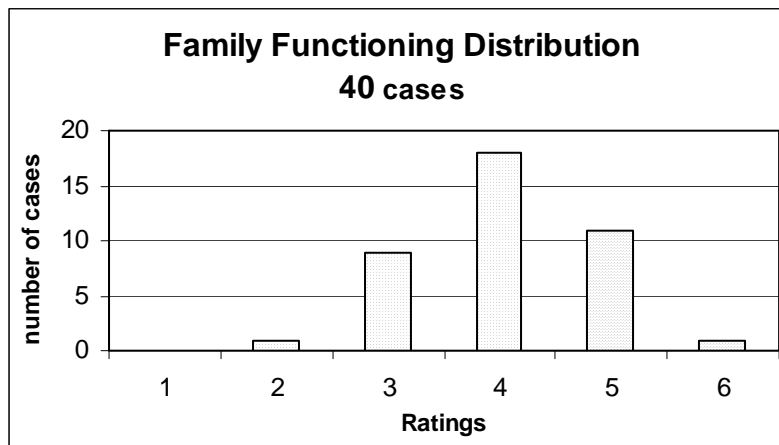
Findings: 100% of cases reviewed were within the acceptable range (4-6). The Region has maintained the excellent 100% rating from last year on this indicator.



Family Functioning and Resourcefulness

Summative Questions: Does the family, with whom the child is currently residing or has a goal of reunification, have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

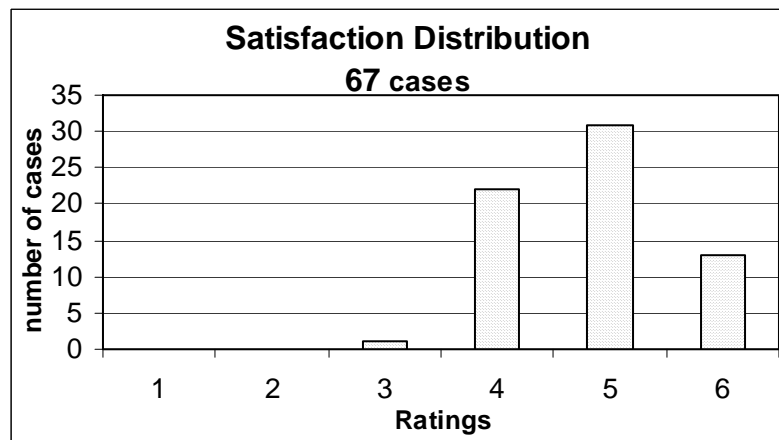
Findings: 75% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase from last year's score of 71%.



Satisfaction

Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

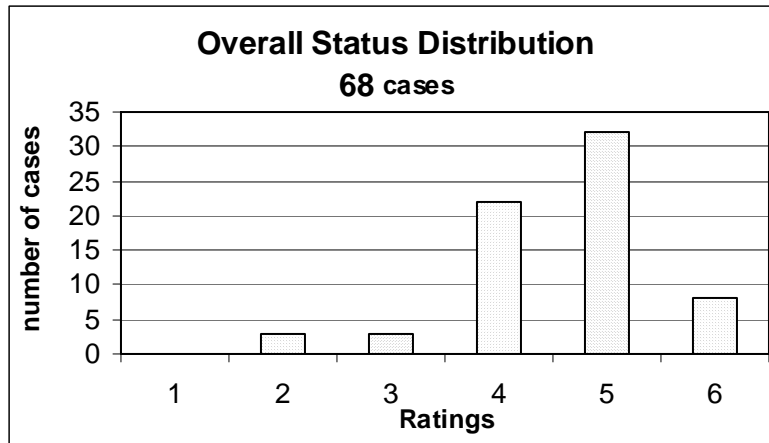
Findings: 99% of cases reviewed were within the acceptable range (4-6). This is an increase from 94% last year. The score has continued to increase the past five years in a row.



Overall Child and Family Status

Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.













Findings: 91% of cases reviewed were within the acceptable range (4-6). There were only six unacceptable cases on overall child status. Of those six cases, four had unacceptable child status due to unacceptable scores on safety. The overall Child and Family Status score increased from last year’s score of 89%.



System Performance Indicators

Overall System

Salt Lake Region System Performance - Combined

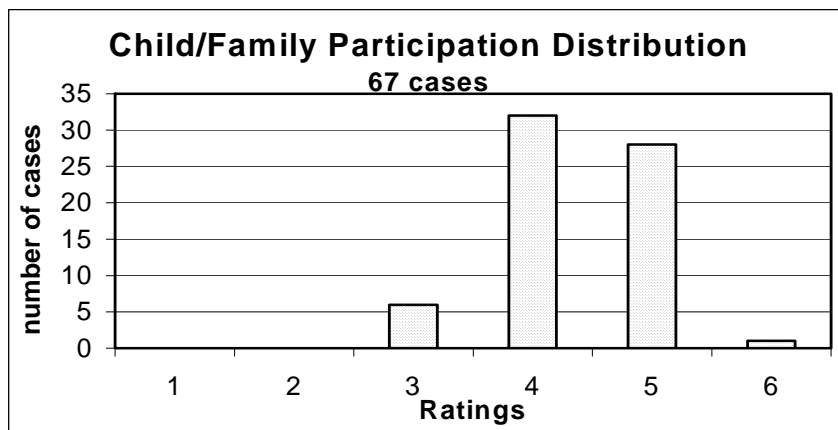
				FY05	FY06	FY07	FY08	FY09
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators Exit Criteria 85% on overall score					Scores
Child & Family Team/Coordination	49	18		80%	75%	87%	71%	73%
Child and Family Assessment	52	15		52%	69%	79%	67%	78%
Long-term View	52	15		54%	56%	73%	64%	78%
Child & Family Planning Process	48	19		72%	68%	93%	71%	72%
Plan Implementation	65	2		86%	79%	89%	88%	97%
Tracking & Adaptation	61	6		77%	75%	87%	88%	91%
Child & Family Participation	61	6		80%	80%	97%	94%	91%
Formal/Informal Supports	63	4		94%	80%	93%	84%	94%
Successful Transitions	51	12		68%	70%	82%	78%	81%
Effective Results	57	10		82%	82%	89%	87%	85%
Caregiver Support	43	1		92%	94%	98%	100%	98%
Overall Score	62	5		83%	76%	93%	88%	93%

0% 20% 40% 60% 80% 100%

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

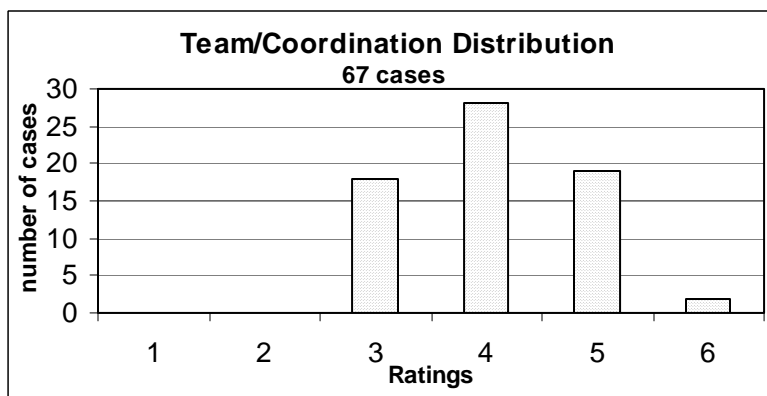
Findings: 91% of cases reviewed were within the acceptable range (4-6). This was a decrease from last year's score of 94%.



Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

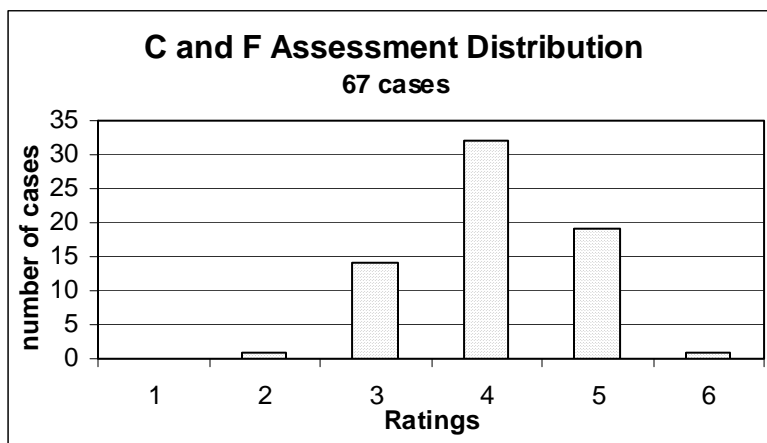
Findings: 73% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 71%.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

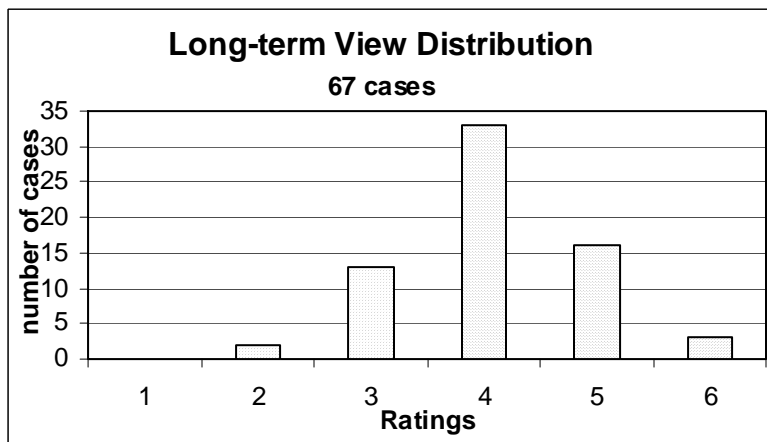
Findings: Last year, this indicator was below standard at 67%. This year there was a significant increase to 78% of cases reviewed being within the acceptable range (4-6), which is above standard.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

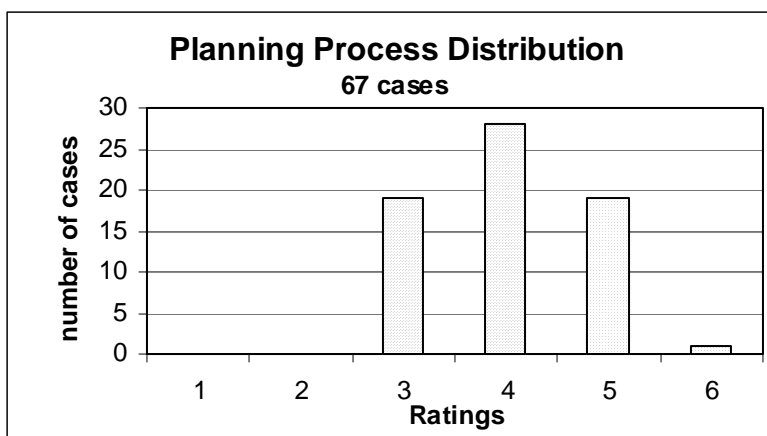
Findings: Last year this indicator also scored in the below standard range at 64%. This year's increase to 78% of the cases reviewed being within the acceptable range (4-6) is above standard.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

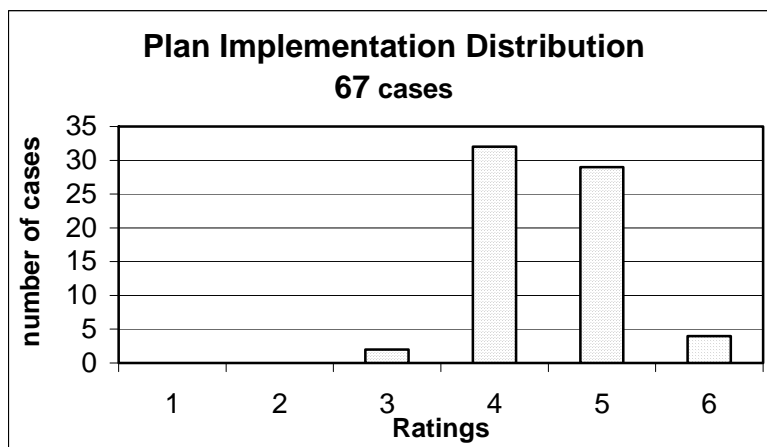
Findings: 72% of cases reviewed were within the acceptable range (4-6). This was a slight increase from 71% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

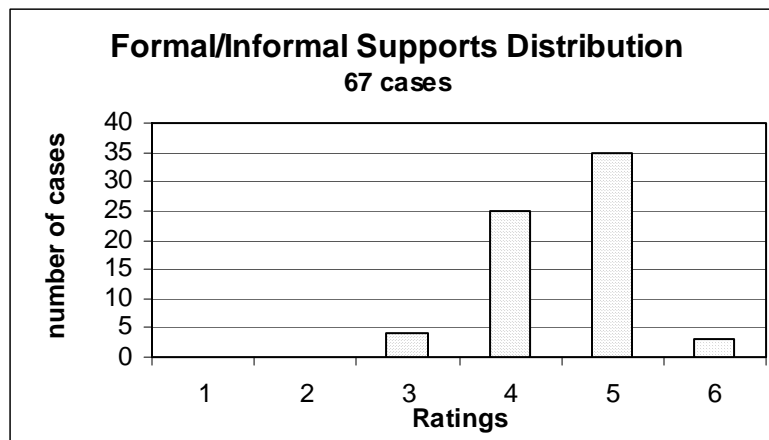
Findings: 97% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 88%.



Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

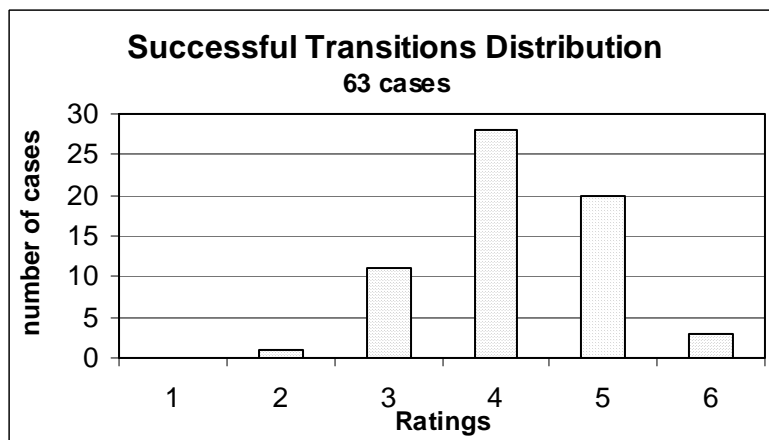
Findings: 94% of cases reviewed were within the acceptable range (4-6), a good increase from 84% last year.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

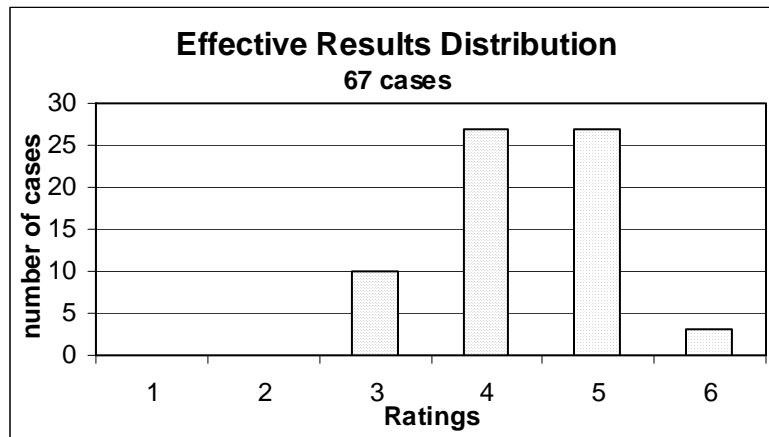
Findings: 81% of cases reviewed were within the acceptable range (4-6) which is an increase over last year's 78%.



Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

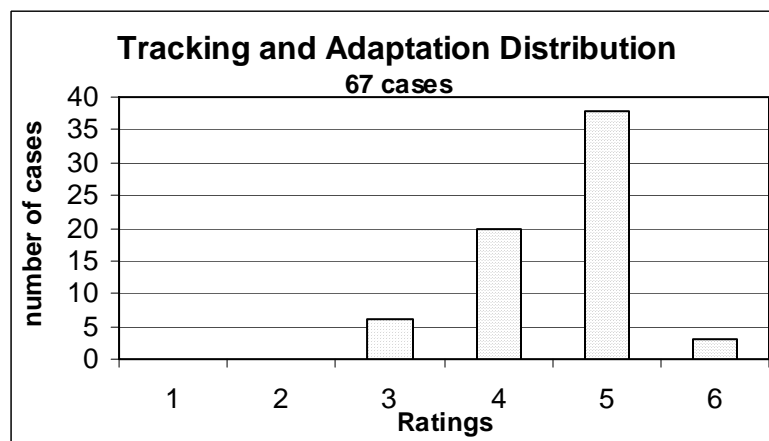
Findings: 85% of cases reviewed were within the acceptable range (4-6), slightly down from last year's score of 87%.



Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

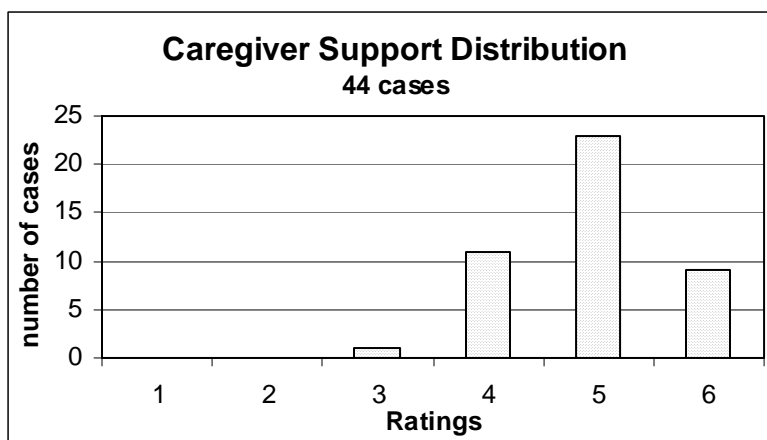
Findings: This indicator increased from last year's score of 88% to 91% of cases reviewed rating within the acceptable range (4-6). The Salt Lake Region has improved this score each year for the past four years and is well above standard.



Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

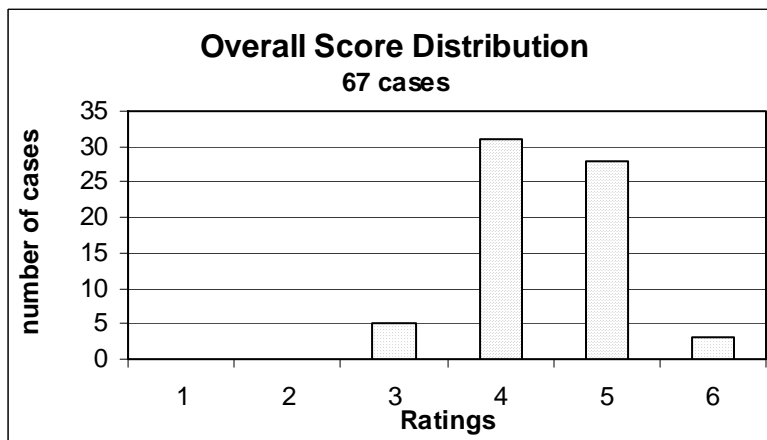
Findings: 98% of cases reviewed were in the acceptable range (4-6) which is just slightly down from last year's 100%.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

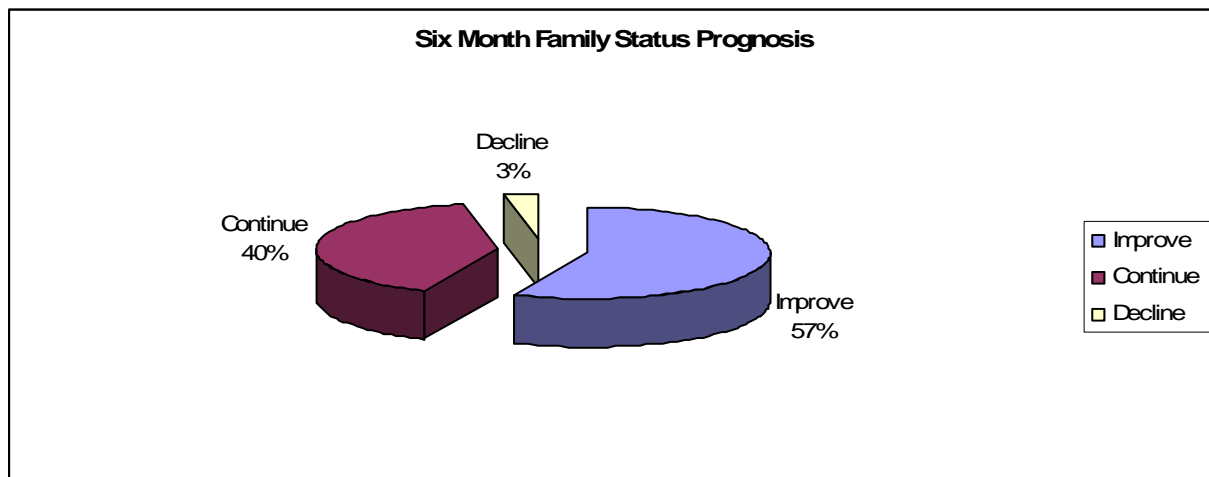
Findings: The Region has raised their Overall System Performance score to 93% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 88%.



Status Forecast

One additional measure of case status is the reviewer's prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the cases reviewed, 57% (38 cases) anticipated an improvement in family status over the next six months. In 40% (27) of the cases, family status was likely to stay about the same while only 3% (2 cases) were anticipating that the family's status would decline over the next six months.



Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix reflects some very positive outcomes for children and families reviewed during the Salt Lake Region reviews. Just over 88% of the cases had acceptable ratings on both Child Status and System Performance.

	Favorable Status of Child	Unfavorable Status of Child	
Acceptable System Performance	Outcome 1 Good status for the child, agency services presently acceptable. n= 59 88.1%	Outcome 2 Poor status for the child, agency services minimally acceptable but limited in reach or efficacy. n= 3 4.5%	92.5%
Unacceptable System Performance	Outcome 3 Good status for the child, agency mixed or presently unacceptable n= 3 4.5%	Outcome 4 Poor status for the child, agency presently unacceptable. n=2 3.0%	7.5%
	92.5%	7.5%	

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Salt Lake Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 94% in the current review, up from 91% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

In the cases that had an acceptable score in safety, the issues had been identified and addressed in the plan and by the team. One case that exemplifies this is outlined in a case story that rated safety at a substantial level which indicates:

[Target child] is currently living in a licensed foster home where his siblings also reside. Potential risks of harm are identified quickly and managed appropriately. [Target child] was born exposed to drugs and was treated by the [local] hospital. Foster parents were involved with [target child] from the time of his birth. They visited him frequently during his stay and they were closely involved with the medical staff and [target child's] treatment plan. Treatment continued upon entering the foster home and has since terminated successfully. [Target child] is now six months old and he appears to be healthy and appropriately cared for. There are no known risks of harm and he is not a risk to others.

There were four cases in which safety was found to be at an unacceptable level at the time of the review. One of the cases involved a 17-yr-old foster child who was on the run. While on the run the child made calls to family and the caseworker indicating she was okay and staying with a friend but she refused to return to care or notify the worker of her whereabouts. Another case involved a 12-yr-old child with significant emotional and behavioral problems that is engaging in behaviors that put her at risk. The third case that rated safety as unacceptable was a 4-yr-old with concerns related to new abuse allegations as well as the child participating in aggressive behavior and fire setting. The fourth case involves a 16-yr-old young man who has a history of running from his foster placement. He was most recently picked up from the last episode of being on the run a week before the review. His behavior and choices continued to put himself at risk to the point that the case did not pass safety status.

One case example illustrates how both safety for the child and safety for others were considered substantial problems:

In visiting with the family team, there were several substantial and continuing safety concerns. [Target child's] mother reports that the discipline administered by the other adults in the home is primarily physical. She says that [target child] and her girls are abused physically and emotionally by the other family members. The therapist also mentioned these concerns, saying that [target child] was emotionally abused by his grandfather who calls him names. Mom also reports that the children have witnessed domestic violence. She says that her parents have "pushed" her around and about six

months ago, there was a physical altercation between her and her sister in which Mom reportedly broke her sister's nose.

Another safety concern that was minimally if at all mentioned by the therapist or caseworker, but was reported by both Mom and Grandma as a huge concern, was that [target child] has had several incidents of fire setting. He has tried to light carpet in the basement, baby wipes and other items on fire. Most of the adults in the house are smokers. Despite the concerns and Maternal Grandma reporting that she does worry that her house could be burned down around her head, the adults refuse to make an attempt to keep lighters and matches in safe, high places out of [target child's] reach. They feel it is a problem with [target child] and he needs to learn better than to play with these things.

Other concerns about [target child's] behaviors include Mom's report that [target child] throws fits and becomes aggressive many times a day, every day. He swears, spits, and throws things. Mom reported that [target child] is a strong young man and these aggressive behaviors concern her as he is getting older. In one of many instances, [target child] tried to push a large TV over onto another family member.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. The Region's performance on this indicator experienced a huge jump from 59% last year to 74% in the sample of cases represented in the current review.

The region continues to strive to reduce the number of placements for children, particularly for children residing in foster care. One example of an infant experiencing only one placement while DCFS worked to maintain some enduring familial relationships was captured in the reviewer's case story which indicated:

[Target child] experienced optimal stability as she had only one placement after her release from the hospital. The adoptive family continued to interact with [target child's] extended biological family which allowed her half-siblings to share in her growth and accomplishments (as well as maintain contact with her brother, also adopted into the home).

One case story illustrates how multiple placements can be problematic for a child. It also demonstrates that frequent changes in caseworkers can also have a negative impact on the case as well as the child's sense of stability.

Stability has been difficult to maintain in this case. There have been five different caseworkers in a period of eight months. This also includes the supervisor who managed the case between workers. There have been four placement moves, which created a change in therapists, schools, and teachers. The children went from the grandmother's home into shelter. They were then in two different foster homes before being returned

home for a trial home placement. Many people interviewed felt that the constant change in workers created an environment of instability and was a factor in lack of communication.

There was also a problem with the first foster home. There were concerns that the family was not meeting the needs of the children because of lack of evidence of medical care and calls from the school that the children were dirty and did not have blankets or sheets on their beds. There were two CPS referrals during the time the children were in the home. While these allegations were unsupported, the team felt strongly that the needs of the children were not being met. This created a move into another foster home, which was a month before the return home. The team discussed the problems another move would cause, but felt the problems in the first home were severe enough to warrant another change.

Stability experienced a significant 14 point jump in scoring this year. It went from 59% to 73%. Even with the excellent improvement, stability was the lowest scoring indicator for the entire Child Status domain. Historically, stability scores have been one of the lower scores during each of Salt Lake Region's QCR reviews. This corresponds with lower scores on the permanency indicator. Of the 18 cases that rated unacceptable on stability, 14 of the children were teenagers. Out of the 18 cases, 13 of the children were residing in higher levels of care such as proctor care, residential facilities or detention.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator increased from 54% last year to 76% in the current QCR sample.

There were 51 cases with acceptable scores. The following excerpt is an excellent example of achieving permanency for a child through adoption. The case example also includes specific steps that are being taken to ensure that the adoption is successful.

[Target child] biological parents voluntarily relinquished their parental rights on September 2, 2008. Her foster parents are in the process of completing the adoption. The case is following the required progression. There has been an adoption committee meeting and the current foster home was chosen as an appropriate adoptive home. The parents have had their final visit and the subsidy appointment is set for the end of September. The family has retained an attorney and a request for an adoption hearing has been made. Everyone on the case is expecting that the adoption will be finalized by the end of the year.

Inadequate permanency often results when a child is residing with caregivers where that relationship is not expected to endure until the child becomes an adult. The plan for meeting that child's needs for permanency is considered unacceptable if the prospects are viewed as uncertain or unrealistic. Consider the following case example:

...the reunification plan the team was counting on began to fall apart back in March. Despite the judge's order that the family participate in reunification efforts, the family does not exhibit any investment in reunification with [target child]. The team continues to hope that the family's position will change as family therapy continues, but that hope seems to be eroding to desperation.

There is no concurrent plan whatsoever. The team and court have ruled-out [target child's] birth mother as an option for placement.

The team may look to kinship options in the near future if reunification with the father and stepmother continues to collapse. The team did not explore these options early on in the case as the family expressly forbade the consideration of kinship based on the prior case with [target child's] brother. At the time, the team felt that the efforts to reunify [target child] with his father and stepmother would have been made even more difficult had [target child] been placed with kin. However, in light of current events the team has begun to express intent to explore options as the father and stepmother withdraw from the reunification plan.

Of all the indicators that experienced an increase in the percentage of acceptable cases, Prospects for Permanence experienced the largest increase. The indicator rose 22 points this year, from 54% to 76%. The Region has worked hard to help ensure that children are connected to enduring relationships that provide them with a sense of family, support, and belonging. Of the total 67 cases, 16 cases had an unacceptable rating on permanency. Of the 16 cases, 12 of the children were residing in higher levels of care such as proctor care, residential facilities or detention. Twelve of the 16 cases were teenagers.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator rose from 71% last year to 75% in the current review.

The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. Family functioning and resourcefulness is evident in the following case story example.

One of the reported strengths of this case was mother's assertiveness in knowing what she wanted and then sticking to the plan to make it happen. This included being very verbal in meetings and recognizing and utilizing the services that were being offered. Team members reported that the mother communicated with them about her goals and progress if they were not at the team meetings. In addition she had family members that came forward and worked closely with her to take care of her children while she entered and progressed in treatment. Family Functioning and Resourcefulness by the mother and her family indicates substantially acceptable interactions.

In some cases, the family's inability to take control of their situation became a barrier that negatively impacted the child's status. Problematic family functioning was evident in the following case story example:

The family's ability to function and secure resources is limited at this time. As has been mentioned before, the family has multiple issues around a very difficult divorce, delinquency, abuse of both mom and step-dad's children, poverty and health issues. The home is small for the number of people living in it, and under long-term remodeling. Mom is unwilling to face her own issues and openly admits that she will cut off any therapist that gets close to "difficult subjects" in her life. Family therapy has been sparsely attended and never fully implemented. Both mom and step-dad have physical limitations that prevent them from full employment at this time. The family mainly relies on the state, their church and others to provide the most basic of necessities. The family has shown an ability to gather public and private resources when need occurs, but has no concept of planning for future need, and operates mostly on crisis alleviation mode, which is maladaptive and has not proved to be a successful strategy for self reliance. Without the support of others, there is little doubt that this family would not be able to survive intact.

Historically, the Family Functioning and Resourcefulness indicator has been one of the lower scoring Child Status indicators. Region efforts continue to improve this indicator as evidenced by the indicator experiencing a steady increase in each of the last four years.

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. The score on this key indicator of system performance increased from 71% to 73%.

In assessing the reviewer reports, teaming was most often mentioned as a key element in cases that were scoring well. The following is just one example of how a caseworker has done a great job of surrounding a child with a well coordinated team that produces meaningful results for the child.

Team coordination and communication of services are substantial. All Team members appear to be thinking in the same direction, and there is good communication, coordination and participation by the school staff. The therapy team has been especially well coordinated. Reports indicate that school staff coordinated with [target child's] therapist to make sure that they were all using the same words to ensure less confusion for [target child]. The family therapist consults often with the individual therapist as well as the adoptive parents. He also gives weekly reports to the caseworker. Each

Team member appears to be functioning well and getting the job done at a high level of consistency and reliability. Team members appear to respect and trust each other and feel as though they are vital members of the process. A shared vision for [target child] appears to be a motivating factor, and the worker has done a good job in building a very strong and skillful Team.

In the cases that struggled with system performance, lack of teaming was a common element. This was a concern in several cases, as explained in the example below.

Teaming has been underpowered for the needs of this case. Mother has been at [provider] since the case began until just a week prior to this review. The caseworker has documented a half dozen team meetings over the course of the case; however, these appear to actually have been professional staffings that included only the [provider] staff, the caseworker, and mother. Although there are several extended family members who could have participated, they have not been invited to attend. Unfortunately this may be due to a misunderstanding of [provider] policy. It was the worker's belief that due to concerns about confidentiality, [provider] would not allow anyone but the worker to attend; however, [provider] reported that they allow anyone who the worker approves to attend meetings. The unfortunate outcome of this misunderstanding is that the foster mother, guardian ad litem, assistant attorney general, teacher, proctor family consultant, maternal great-grandmother, stepfather, paternal aunt, and paternal grandmother have never been invited to participate in a team meeting. All of these family members have cared for the boys at some point in some capacity, and some are future placement options for the boys if mother does not succeed. If she does succeed, it will likely be in large part due to the support these family members provide. Each of them could have played an important role, especially as mother transitioned out of [provider]. A team meeting with these family members and the foster mother could have resulted in a much better planned and prepared for transition. Roles could have been defined for each of these folks and each could have been helped to understand how they could support mother and help her sustain her new found sobriety. It appears there was an opportunity to build a robust team, but instead the team has been underdeveloped.

Child and Family Teaming and Coordination (Teaming) are critical to case success. The cases that rated as unacceptable on this indicator also account for the majority of Child and Family Assessment, Long-Term View, and Child and Family Planning Process indicators that were rated as unacceptable. By contrast, Teaming was a key element in cases that had an overall System Performance rating of substantially acceptable (rating 5) or optimal (rating 6) with 97% of the cases being in the acceptable range on the Teaming indicator.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The child and family assessment indicator increased from last year's score of 67% to 78% in the current review.

The following example shows how assessments are not only beneficial to a family when receiving DCFS services, but they can also assist a family beyond their involvement with the Division.

All of the team members could articulate the strengths of the family and of [target child]. The team had used both educational reports and mental health assessments in determining the basic and underlying needs of the family and of [target child] himself. Changes were made as new information came forward as in the recent report of sexual abuse by the biological parents. This allowed for an ongoing big picture of needs that could be evaluated and addressed as part of a therapeutic intervention. Every team member voiced a common understanding of the ongoing needs of the family for continued success. This was evident when the teacher indicated that she knew adoptive mother and adoptive father and believed they would take appropriate action in getting [target child] a mentor after the parent teacher meeting. The reviewers saw that the assessment process would remain an integrated part of the family beyond DCFS involvement.

There were also examples of how the lack of an assessment or shared understanding weakens the effectiveness of services provided to the family.

Different members of the team noticed possible underlying needs and wondered about services that might have assisted this family. The caseworker suggested that a peer parent might have provided needed mentoring for [mother], yet that service wasn't discussed with the team. [Mother], her father and the domestic violence therapist, suggested to the reviewers that family counseling would have been appropriate for this family. But [mother] was under the impression that since the case was closed she wasn't eligible for that service. According to the therapist, she was still eligible, even after the case was closed.

It appeared that the initial assessment of the family needs was primarily driven by the court ordered requirements as opposed to an overall assessment of the family's functioning. It seemed as though formal assessments were being made but coordination/implementation of those assessments weren't being integrated.

Child and Family Assessment is a key element to a successful case. Cases that struggled with the assessment went on to struggle with other key indicators like Long-Term View and Effective Results. By contrast, 97% of cases with Overall System Performance rated at a 5 or 6 had rated acceptable on Child and Family Assessment.

Long-Term View

The Division has worked hard this year to enhance caseworkers' understanding and use of the Long-Term View. This may be reflected in the significant improvement in their score this year as compared with last year. The long-term view indicator increased significantly from 64% to 78%. The following is an example of how a shared vision of where the team is going and the steps in the path to get there helped provide the case with a great sense of direction.

The long-term view for this case is that the child will be returned to his mother and that the child will learn skills to stay safe and be safe to others. The steps provide a path that works towards these goals. The steps for the child to return home began earlier in the case. The child began therapy sessions with his mother so they could improve their relationship. This also included the mother improving her parenting skills. The mother completed parenting classes to improve her functioning. Once these improved to acceptable levels, the child was moved to the next level of rebuilding a relationship with his siblings. This began a few months ago and he began this part of the steps with letters to his siblings. The next step following this was for him to begin therapy with them. The team is beginning this before the review week is over since they went to court during the week and obtained approval for this next step. Then they will begin to transition the child to visits that will lead to overnight visits, which will be increased to longer stays until he is home all the time.

A different case demonstrates how the lack of a shared Long-Term View can fracture a team's momentum and progress towards permanency for a child.

Independent providers, that should be team members, are sure that the adoption with the current foster/adoptive parents will occur. The specifics as to how this will happen have not been discussed. The family states they know what their intentions are for [target child] and [her brother], however, they state that their concerns and question are not addressed. They feel that they are being "pushed" into the adoption with out the answers they need in order to feel that they will be able to care for [target child] long term. They do not feel that there is a team working together to achieve a common goal or steps in place to help that happen. The foster parents are requesting more support to gather the information they are seeking. The foster family is committed to adopting [target child] and [her brother]. The children have been in the home for two years. The foster mother has worked with providers and gone to trainings and implemented skills to help [target child] improve in the home and community.

Child and Family Planning Process

The Region's score on the Child and Family Planning Process indicator rose from 71% last year to 72% this year. The following excerpt is an example of a how a plan that is individualized and tailored to the specific needs of the child helps produce excellent interventions.

The child and family planning process is optimal. The plan builds upon basic and underlying needs identified in the assessment. The plan is individualized for [target child] and his family. It defines all the child's individual needs including his health care needs, his learning/ developmental needs, his mental health needs, and his adoptive family's needs. It defines who is responsible to meet each need. Services were then identified to meet [target child's] individual needs and age and were assembled in a holistic way that was coherent and provided an excellent fit for the child and family. Preferences included a Headstart program in the school in which the prospective adoptive mother had a prior relationship in providing services to her older son. The

[provider] specializes in attachment issues that are crucial considerations when adopting children from foster care. Respite care was implemented into the plan to assure the parents had time for themselves and the energy to meet the demanding needs of children with traumatic backgrounds. In-home therapy was implemented to help the prospective adoptive parents and their son adjust to [target child] and his sister, as well as help the parents develop safety plans to keep all the children safe in light of aggressive and sexual reactive behavior. Consideration was given to services that may be needed after the children are adopted so that long term success is offered.

Another case example demonstrates how some deficiencies in the case plan can be a potential barrier to case progress.

The written plan is what moves the planning process into the unacceptable rating. The written plan is a legal document. The Child and Family Plan outlines some excellent family preservation objectives related to improving family functioning. However, there is no mention of the other two primary objectives of probation requirements and schooling in the written plan. If [target child] is unsuccessful with probation or school, he puts himself at risk of remaining on probation and potentially being removed from the home for non-compliance with the court order. One example is [target child's] court ordered community service hours that everyone is aware of but there is no explicit plan on how to get that accomplished. Another example is the schooling. [Target child] is court ordered to attend school everyday, every class. He is not meeting that requirement and there is not an explicit written plan addressing that.

Plan Implementation

Plan Implementation was one of the highest system indicator scores at 97%. A plan that is being implemented in a meaningful way produces measurable results as outlined in the following case.

The child and family plan is being well implemented. The plan includes the standard responsibilities for the agency that include provisions for the basic needs of the child as well as the need for sibling visitation, mental health assessments and treatment, for the children to learn positive communication skills, and to be able to interact with siblings and others in a positive way. The team has taken the essential strategies, supports, and services to make the plan work for [target child]. The intensity of services are sufficient to produce desired results. This shows in several ways. First, [target child] has progressed in her treatment setting. She is no longer self harming, she is communicating in acceptable ways and she is enjoying positive interactions with her siblings and others in her treatment setting. It also shows in the recent child and family team meeting where the steps and resources needed to make [target child's] next transition successful were identified. The excellent communication and open dialogue of the team members adds to the implementation success.

The following excerpt is from one of the cases that scored unacceptable in plan implementation. Poor plan implementation resulted in delays in assessment and treatment for the child.

Plan implementation must be considered on the basis of what is in the plan. The parents are now on Medicaid which fulfills the insurance objective. There were times during the plan period when they were uninsured, which resulted in them delaying the assessments on the spine and fetal alcohol. The last quarter of the school year the child had mostly failing grades and considered transferring to [local high school]. The first quarter of the current year the child is failing five of seven classes. From June to September there was no drug treatment for the child because of the dispute with the assessor over how intense the treatment should be for the child. This was solved recently by the worker and child appealing to the judge who agreed with them and ordered a less intensive out-patient treatment program for the child. The first session of this treatment began the day before the interview of the child by the reviewers.

Tracking and Adaptation

The tracking and adaptation indicator continued to score well this year at 91%. This core indicator has continued to be above standard for several years in a row. Tracking and adaptation reflects the team's efforts to monitor a case and respond to changes.

The worker visits with the family monthly and seems to be well aware of what is working and what remains to be accomplished. Drug Court appears to be very well aware of what [mother] is accomplishing each week and they hold her accountable weekly for attending classes and groups and drug testing. A particularly nice adaptation was the previously mentioned decision to allow [mother] to stop working with [provider] and focus exclusively on Drug Court.

In the cases that struggled with tracking and adaptation scores, many of the issues centered around not using known information to adapt case planning and strategies. There was a lack of building on past case successes to help improve future outcomes. Consider the following example.

The level of tracking and adaptation is currently insufficient to score on an acceptable level. While the worker clearly tracked the children's wellbeing in foster care and made adjustments to meet their needs, the tracking of the parents' progress needed to go beyond self-reporting. It was admirable that the worker was able to win the parents' trust, but checking with the partners involved allows us to gain certainty about the parents' progress. The plan also needed to be adapted to reflect the new circumstances created by the return home. Using a well-prepared team meeting to develop a plan to support mom and the kids before the return home would have allowed everybody to feel more confident in the success of this transition.

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes which are listed below.

Teaming

In cases where teaming could be improved:

- The workers had not been adequately trained on teaming. The workers had never observed a team meeting before facilitating one.
- The workers considered staffings to be family team meetings.
- There was a need for a good face to face team meeting with all of the members around the table at the same time. Too much communication was done by e-mail.
- An interpreter needed to be included in team meetings.
- The team would have benefited from including the extended family.
- The bio family needed to be included from the beginning. Perhaps an appeal could have been avoided if relationships and understanding had been developed.
- Some key members were not included in teaming, such as the school, fathers, or probation officers.
- The key missing piece in the case was the participation of the therapist and the lack of coordination between the therapist and the worker leading to insufficient team coordination and gaps in assessment.
- Information was not being sent to the GAL and AG from the previous case and to the workers who had other children in the home.
- The worker had meetings that were more like home visits. Because the family did not meet with the foster parent, there may have been opportunities missed to work with the biological parents.
- There is a critical need for the team to talk about the child's behavior at school, talk with the therapist, and check medical management to make sure the child does not explode.
- The child wanted to have Dad participate in the case more even though there were no reunification services to him.

Assessment

In cases where assessment needed improvement:

- More informal assessment was needed such as a social history on the family and better understanding of family relationships.
- The assessment process had not yet gotten to the underlying causes of running and other unsafe behaviors. The team needs to assess what is really taking place in the child's environment.

- There was an overall lack of assessment information, and lots of turnover of key team members. There was no re-assessment on the new case. They worked off of an old assessment for Mom.

Planning

In cases where planning needed improvement:

- The family hadn't been involved in creating the plan.
- The working plan and the written plan were not the same. The written plan didn't mention things that were being worked on or left out important issues.
- The plan was generic. It needed to be individualized for the family.
- The plans needed to be updated when there was a significant change in the case; for example, an AWOL child returning to care.
- Written plans were compliance oriented rather than being written to facilitate change.

Stability

- Asking for a voluntary case to remain open for a little while would have allowed the worker to verify the stability.

Permanency

- The team needed to educate the kinship placement on the difference between being foster parents, being guardians, and being adoptive parents. The family needed to understand the financial ramifications of each option because there could be a financial strain on the family. The team needed to nail down the legal status of the kinship placement and determine what level of financial support would be available them.

Long-term View

- There were several long-term views. Different team members wanted the case to go different directions.
- There was a concurrent goal but no plan to make it happen. If reunification doesn't work, what will they do with the child? Weak concurrent planning is a problem now that the primary plan is failing.

Transitions

- The therapist change is coming up and they need to start looking at that and planning a smooth transition.
- The change of caseworkers was not handled well.
- More attention needed to be paid to the transition from intense services to placement at home.
- No one had assessed the impact the upcoming transition would have on the child.

Themes

A few themes emerged in analyzing the input from reviewers regarding practice improvement opportunities they observed and identified during their review of the cases. These themes and general observations are listed below.

Improvement Opportunities

There were cases that barely got a 4 on safety. Workers and teams need to look at the entire picture, not just the risk that brought the child into care.

There is too much reliance on the Long-term View statement without understanding the underlying principles. When there is a change in the long-term view after the plan was last updated, the plan and the Long-term View aren't updated.

Several cases had many placement changes, not just one or two. This can mean a change of schools, therapist, other team members, etc. Continuity may be lost.

General Observations

There were a number of 12-16 year olds that had behavioral problems that refused to comply with anything. They would not engage in services.

Judges are unpredictable. Workers don't know what to expect when they go into court. Judges ran some of the cases. One judge turned the case upside down by taking it in a completely different direction than the team wanted it to go.

When a case was bad, there was a lot that was bad; when cases were good, they were very good.

The workforce is very young and new to the job.

VI. Analysis of the Data

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following table compares how the different case types performed on overall system performance. The data also indicates how many scores the case types had in the acceptable scoring range of 4's, 5's and 6's.

Case Type	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Foster Care SCF	52	25	21	3	49	94%
Home-Based PSS	10	3	6	0	9	90%
Home-Based PSC	2	0	1	0	1	50%
Home-Based PFP/PFR	3	3	0	0	3	100%

The only case type scoring below 90% in system performance is voluntary Home-Based case types (though the sample was small). The data also suggests that Court ordered Home-Based cases tend to score higher in the acceptable range than do the voluntary Home-Based cases.

There was a question regarding how Foster Care cases with a Transition to Adult Living (TAL) child (age 14 and older) performed on the overall system score as compared with Foster Care cases with a younger child (age 13 and younger). There were 27 foster care cases which included a TAL youth. Only two of those cases had an unacceptable rating on System Performance. TAL foster care cases had a 93% positive rating on System Performance. The Foster Care cases with a non-TAL child had one out of 25 cases with an unacceptable System Performance Score. Non-TAL cases had a 96% positive rating on System Performance. TAL cases score as well on system performance as non-TAL cases do.

The table below compares how each Goal Type performed on overall System Performance. The lowest scoring Goal Type was cases with a permanency goal of remain home. This goal is connected with In-home cases which mirrors the previously mentioned challenge with In-Home case system performance. However, all goal types achieved scores above the 85% standard.

Goal	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Adoption	14	5	7	2	14	100%
Guardianship (Non-Relative)	1	1	0	0	1	100%
Guardianship (Relative)	2	1	1	0	2	100%
Individualized Permanency	17	10	4	1	15	88%
Remain Home	15	6	7	0	13	87%
Reunification	18	8	9	0	17	94%

RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing the caseworker's caseload size with the positive System Performance outcomes, the data indicates no difference until caseloads exceed 16 or more cases. At that point, the percentage of cases that scored acceptable on overall System Performance was cut nearly in half.

Caseload Size	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
12 cases or less	38	18	16	3	37	97%
13 to 15 cases	23	13	9	0	22	96%
16 cases or more	6	0	3	0	3	50%

As the following chart shows, the caseworker's length of employment in their current position did not produce a significant difference in the percent of acceptable system performance scores.

Length of Employment in Current Position	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Less than 12 months experience (< 1 year)	15	8	4	2	14	93%
12 to 24 months experience (1 year)	21	10	10	0	20	95%
24 to 36 months experience (2 years)	12	4	7	0	11	92%

36 to 48 months experience (3 years)	11	3	5	1	9	82%
48 to 60 months experience (4 years)	4	3	1	0	4	100%
60 to 72 months experience (5 years)	1	0	1	0	1	100%
More than 72 months experience (> 6 years)	3	3	0	0	3	100%

RESULTS BY OFFICE AND SUPERVISORS

When the case samples were selected for the reviews, cases from 10 different offices were identified as part of the sample selection. When evaluating acceptable System Performance by each individual office in the region, the majority of offices (6) scored at 100% with two other offices scoring above 90%. Two offices in the Region scored below standard for overall System Performance (Office C, Office I). Within the acceptable scoring range, two offices stand out with substantially acceptable performance scores. For office G, 88% of their acceptable scores were in the 5 or 6 range. For office D, 75% of their acceptable scores were in the 5 range. In office B and office J, at least half of their cases scored in the 5 or 6 range.

Office	Total Cases from Office	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	2	2	0	0	2	100%
B	8	3	5	0	8	100%
C	3	1	0	0	1	33%
D	4	1	3	0	4	100%
E	16	9	5	1	15	94%
F	8	5	3	0	8	100%
G	8	1	6	1	8	100%
H	2	1	1	0	2	100%
I	3	2	0	0	2	67%
J	13	6	5	1	12	92%

A total of 23 supervisors participated in this year's reviews. When evaluating acceptable System Performance by each individual supervisor that participated in the review, the vast majority of the supervisors (19) had acceptable System Performance ratings on 100% of the cases reviewed.

Five cases with unacceptable system ratings were associated with four supervisors from four different offices in the region.

Supervisor	Office	Total Cases	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
A	F	5	3	2	0	5	100%
B	H	1	1	0	0	1	100%
C	J	2	0	1	0	1	50%
D	G	1	1	0	0	1	100%
E	D	4	1	3	0	4	100%
F	C	3	1	0	0	1	33%
G	J	1	0	0	1	1	100%
H	J	1	1	0	0	1	100%
I	B	1	1	0	0	1	100%
J	E	4	3	0	0	3	75%
K	E	5	3	1	1	5	100%
L	J	4	1	3	0	4	100%
M	E	2	2	0	0	2	100%
N	B	4	1	3	0	4	100%
O	F	3	2	1	0	3	100%
P	E	5	1	4	0	5	100%
Q	G	3	0	3	0	3	100%
R	H	1	0	1	0	1	100%
S	J	5	4	1	0	5	100%
T	G	3	0	3	0	3	100%
U	I	3	2	0	0	2	67%
V	B	3	1	2	0	3	100%
W	A	2	2	0	0	2	100%

CORE DOMAINS WITH ACCEPTABLE SCORES

Over the last three years, Salt Lake Region has maintained an overall System Performance rating above the original exit criteria standard of 85%. The question then became- how are the ratings of 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the overall successful system performance rating? Below is analysis of the acceptable ratings for all core system indicators (C and F Team/Coordination, C and F Assessment, LTV, C and F Planning Process, Plan Implementation, and Tracking and Adaptation) over the last eight years. When the Region previously met the exit criteria in 2007, there were an equal number of cases with core indicators scored at a 4 and a 5. Since that time, the trend indicates that there has been a slight decrease and leveling out of indicators scored at a 5 and 6. Indicators scoring a 4 have shown a measurable increase. The concern would be if the increase in 4's is a result of a decrease in the 5's and 6's, rather than the increase in 4's resulting from scores being elevated from the unacceptable range. The chart below confirms that the increase in indicators that scored at a 4 this year is proportionally connected to the decrease in indicators that scored at an unacceptable rating of 3.

Totals of All Core Domain Scores								
Year	Percent with a rating of 1	Percent with a rating of 2	Percent with a rating of 3	Percent with a rating of 4	Percent with a rating of 5	Percent with a rating of 6	Overall Percentage of Acceptable	Avg of Acceptable System Perform. Scores
2002	6%	19%	26%	30%	17%	2%	49%	4.4
2003	0%	10%	21%	33%	31%	4%	69%	4.6
2004	0%	2%	20%	36%	36%	5%	77%	4.6
2005	0%	4%	25%	35%	30%	6%	70%	4.6
2006	1%	6%	23%	38%	28%	4%	70%	4.5
2007	0%	2%	14%	40%	40%	4%	85%	4.6
2008	0%	4%	21%	39%	34%	1%	75%	4.5
2009	0%	1%	18%	43%	35%	3%	81%	4.5

CASES WITH UNACCEPTABLE SYSTEM PERFORMANCE

Below is an analysis of the five cases from this year's review that had overall System Performance Ratings of unacceptable and the percent of those cases that also had unacceptable ratings on each System indicator. For example, of the five cases that had unacceptable overall System Performance, three cases (60%) had unacceptable scores on Child and Family Team / Coordination. As would be expected, every case was rated unacceptable on the Effective Results indicator. The other common characteristic that each of the cases shared was that they all had unacceptable ratings in the same three core indicators: Child and Family Assessment, Long-Term View and Child and Family Planning Process. Even though these indicators scored well

over the 70% standard this year, the data suggests that these three core domains continue to be problematic for cases that do not score well on overall System Performance.

2009 Cases with Overall System Performance Rating of Unacceptable	
System Indicator	Percent with unacceptable rating
Child & Family Participation	20%
Child & Family Team / Coordination	60%
Child & Family Assessment	100%
Long-Term View	100%
Child & Family Planning Process	100%
Plan Implementation	20%
Formal & Informal Supports	40%
Successful Transitions	60%
Effective Results	100%
Tracking and Adaptation	40%
Caregiver Support	0%

VII. Summary and Recommendations

Summary

The Salt Lake Region experienced a great year in their performance on the Qualitative Case Review. The Region elevated both the Overall Child Status rating and the Overall System Performance rating. Of the twenty-one indicators that were scored, the Region maintained 100% in two of the indicators and increased in seventeen other indicators. Two of the indicators in Child Status (Stability and Prospects for Permanency) both experienced double digit increases with one (Prospects for Permanency) increasing 22 points over last year's score. Three System Performance indicators (Child and Family Assessment, Long-Term View, and Formal/Informal Supports) had a double digit jump in acceptable scores. Three of the System Performance indicators experienced a slight decrease, the largest decrease being a 3 point drop in the Child and Family Participation indicator. Salt Lake Region exceeded the standards in that both Child Status and System Performance scored well above the 85% standard and all core indicators exceeded 70%.

At the beginning of this fiscal year, there was potential for the David C. lawsuit to be dismissed with prejudice by the end of December 2008. Salt Lake Region played a major role in the final review and reports submitted to the Court. As mentioned earlier in the report, during the first half of the review held in September, members of the Child Welfare Policy and Practice Group (CWPPG) participated as observers. The focal point was on whether the Division has been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. Salt Lake Region's performance contributed to a positive report to the Court regarding the Division's continued progress. By official order of the Honorable Judge Tena Campbell, the David C. V. Leavitt, et al was dismissed with prejudice in an order that was signed on January 5, 2009. Salt Lake Region has been a major part of an unprecedented, historic advance in Utah Child Welfare practice.

Another point of interest that stood out in the Salt Lake reviews and Stakeholder interviews was the number of positive comments made regarding the caseworkers' engagement skills with families, substitute caregivers and community partners. In most of the cases with positive outcomes, the caseworker's great working relationship with the family was identified as one of the strengths of the case. By contrast, two different parents spoke about having previous cases with the Division and having had a negative working relationship with the caseworker that proved to have detrimental consequences on the progress of their case. Now, with a different caseworker, what they once identified as the biggest barrier to the case they now recognize as one of the most important contributions to the successful progress of their case. The positive engagement and working relationship with the workers also seems to be manifest in the scores on the Satisfaction indicator.

The Satisfaction indicator in the Child Status domain speaks directly to the child, parent and substitute caregiver's perception of their experience in working with the Division. A survey is used to assess how satisfied they are with the supports and services they are receiving. They are asked to rate their experience on statements such as: I was treated with courtesy and respect, the staff listened to my ideas and involved me in decision making, and I benefited from the services I

received. The overall Satisfaction score rated at 99%. When all the satisfaction scores were added together, only one case rated as unacceptable. All the remaining cases rated in the acceptable range with 14 of the cases rating satisfaction as optimal. Having the vast majority of the children and parents that are involved with the Division indicate a positive experience with their work with the Division could potentially be one of the high points of the review.

There were also cases in this review that struggled with system scores and ultimately rated as unacceptable on the overall System Performance. Analysis of these cases suggests some connections between system indicators on cases that did not perform well in the review.

- 80% of the cases that rated as unacceptable on the Effective Results indicator were tied to cases that also had unacceptable Child and Family Planning Process ratings.
- Cases that had unacceptable ratings in Child and Family Teaming accounted for over half (53%) of the unacceptable Child and Family Assessments and over half (53%) of the unacceptable Child and Family Planning Process indicators as well as 60% of the unacceptable Long-Term Views.
- Of all the System Performance indicators, if the case had an unacceptable Long-Term View, the case had a higher percentage of other unacceptable system indicators. On average, 3.5 other system indicators were unacceptable on cases with an unacceptable Long-Term View. This is the highest average of any of the system indicators.

Recommendations

- 1) Based on the feedback from the Stakeholder interviews, it is recommended that:
 - The Region continue to communicate with their legal partners regarding the impact of the four day work week. Initially, concerns had been raised regarding court hearings, timeliness of petitions, availability, etc. Now that the Region has been working the compressed schedule for an extended period, it would be beneficial to continually assess that important working relationship and address any problematic procedural issues.
 - The Region continue to expand or become aware of resources available to assist caseworkers with cases in which language is a barrier. Ensure caseworkers are aware of resources such as the State's Diversity website to assist with the unique needs of clients who are having language or cultural issues.
- 2) The item identified most often in the Practice Improvement Opportunities centered on the concept of Teaming. Suggestions for improvement include:
 - Enhance team communication and assessment building through quality face-to-face Family Team Meetings. While things like email and phone calls help facilitate the coordination of information, they are not a substitute for face-to-face team meetings which produce much more meaningful assessing and planning.
 - Ensure key members of the team are not missing from the meetings. Complete teams can help families create and sustain meaningful change.
 - Do not soften the definition of standards for Family Team Meetings. Home visits, professional staffings, school visits, and agency staffings do not translate into Family Team meetings.

- 3) Based on the analysis of the data, some recommendations that may assist the region in sustaining and improving the great gains from this year's review include:
- Continue retention efforts to maintain quality workers.
 - Continue to monitor caseload size as the data suggests that caseworkers with over 15 cases tend to struggle more with to achieve acceptable scores.
 - Continue to pay close attention to the core indicators of Assessment, Long-Term View and Planning Process that have such a significant impact on the acceptability of overall System Performance on each case.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.